

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)**

APPLICANT'S NO.

FILED DATE

101574281

APPLICATION NO.

**CLAIMS**

	AS FILED		AFTER ELECTION		AFTER ELECTION			AS FILED		AFTER ELECTION		AFTER ELECTION	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEF.			4				TOTAL DEF.						
TOTAL CLAIMS			10				TOTAL CLAIMS						

BEST AVAILABLE COPY